

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DND	DEP	DND	DEP	DND	DEP
1						
2						
3						
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50						
TOTAL DND.	2					
TOTAL DEP.	3					
TOTAL CLAIMS	7					

	DND	DEP	DND	DEP	DND	DEP
51						
52						
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TOTAL DND.						
TOTAL DEP.						
TOTAL CLAIMS						